FILED JAN 27 1951 STANDARD CERTIFICATE OF DEATH State File No. 1937 FILED JAN 27 1951 STANDARD CERTIFICATE OF DEATH State File No. 237 FILED JAN 27 1951 STANDARD CERTIFICATE OF DEATH State File No. 237 FILED JAN 27 1951 STANDARD CERTIFICATE OF DEATH SCHOOL STANDARD STANDARD STAY IN STANDARD STANDARD STAY IN STANDARD STAY IN STANDARD STAY IN STANDARD STANDARD STANDARD STAY IN STANDARD STANDARD STAY IN STANDARD S	BIRTH NO REG. DIST. NO
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10a. USUAL OCCUPATION (Give kind of work) NOTIC 113b. KIND OF BUSINESS OR INDUSTRY St. Joseph. Missouri DUSTRY IS NAME OF HUSBAND OR WIFE James Brown IS NAME OF HUSBAND OR WIFE James D. Brown 1017 Tracy IN INFORMANT'S SIGNATURE OR NAME ADDRES MEDICAL CERTIFICATION MEDICAL CERTIFICATION DISEASE OR CONDITION MEDICAL CERTIFICATION MEDICAL CE	5. SEX 2 6. COLOR OR RACE 1.7. MARRIED, NEVER MARRIED, 8. DATE OF BIRTH 9. AGE (In years) of months Year of months Days Hour
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NO JAMES D. Brown 1017 Tracy 18. CAUSE OF DEATH Enter only one-course per line for (a), (b), and (c) This does not mean the mode of dying, such anterity and the mode of dying, such anterifative, actionia, (c) and (c) This does not mean the mode of dying, such anterifative, and the mode of dying, such anterifative, actionia, (c) and enterifative, actionia, actioni	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME
II. DISEASE OR CONDITION Enter only one course per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the distance of the underlying cast failure, asthenia, etc. It means the distance of the inderlying cuts failure, asthenia, etc. It means the distance of the inderlying cuts failure. 19a. DATE OF OPERA. TION NOTE 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY (c.g., in or about of the cuts of the decade o	
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1 1-1 Anarom Morning Markets Mary 1/201 1 Hall	The street and the st
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 1-46 51 REG. 1 1 1 20 20 20 20 20 20 20 20 20 20 20 20 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse s	side of thi	s certificate	e was emb	almed by	me, o	r by	
		., _					
working under my personal supervision.	. 🔿	Student	Embalme	No			

king under my personal supervision.

Student Embalmer - Lic

P. O. Address 25 5 3 Meghland.

Note: The above MUST BE SIGNED BY-THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.